

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90246 021 \*\*\*150.00

DOCUMENT # P00000111081

1. Entity Name  
MONA LISA USA, INC.



Principal Place of Business  
MONA LISA USA INC.  
NMB MIAMI, FL 33162

Mailing Address  
1301 NW 167 ST  
MIAMI, FL 33172

2. Principal Place of Business  
1901 NE 167th ST.  
Suite, Apt. #, etc.

3. Mailing Address  
1901 NE 167th ST.  
Suite, Apt. #, etc.



04222004 Chg-P CR2E034 (10/03)

City & State  
NORTH MIAMI BEACH FL  
Zip  
33162  
Country

City & State  
NORTH MIAMI BEACH FL  
Zip  
33162  
Country

4. FEI Number  
65-1058373  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BERNADIN, JEAN CLAUDE  
8881 A FOUNTAINBLEU BLVD APT 205  
MIAMI, FL 33172

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BERNADIN, JEAN CLAUDE	
STREET ADDRESS	8881 A FOUNTAINBLEU BLVD APT 205	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNADIN, MARTA	
STREET ADDRESS	8881 A FOUNTAINBLEU BLVD APT 205	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04  
Date

305-947-5500  
Daytime Phone #